## Best Available Copy

|  |          | CLAIMS AS                                 | FILED -      | PART               | }                               |                  | S | MALL EN              | TITY                   |    | OTHER      | THAN                |
|--|----------|---|--------------|--------------------|---------------------------------|------------------|---|----------------------|------------------------|----|------------|---------------------|
|  |          | -   | (Column      | 1)                 | (Colur                          | nn 2)            | T | YPE _                |                        | OR | SMALL      |                     |
| TOTAL CLAIMS   |          |   | 16           |                    |                                 |                  |   | RATE                 | FEE                    |    | RATE       | FEE                 |
| OR   |          |   | NUMBER FILED |                    | NUMBER EXTRA                    |                  | 1 | BASIC FEE            | 355.00                 | OR | BASIC FEE  | 710.0               |
| TOTAL CHARGEABLE CLAIMS  |          |   | /6 minus 20= |                    | .0                              |                  |   | X\$ 9=               |                        | OF | X\$18=     |                     |
| NDEPENDENT CLAIMS  |          |   | 7 minus 3 =  |                    |                                 |                  |   | X40=                 |                        | OR | X80=       |                     |
| MULTIPLE DEPENDENT CLAIM PRESENT   |          |   |              |                    |                                 |                  |   | +135=                |                        | OR | +270=      |                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |          |   |              |                    |                                 |                  | L | TOTAL                |                        | OR | TOTAL      |                     |
| CLAIMS AS AMENDED - PART II  |          |   |              |                    |                                 |                  |   | ,                    |                        | •  | OTHER      |                     |
| . Kristina   |          | (Column 1)                                |              | (Colu              |                                 | (Column 3)       |   | SMALL                |                        | OR | SMALL      |                     |
|  |          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI              | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |   | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RÄTE       | -ADD<br>TION<br>FEE |
| Total Indep  |          | 24  | Minus        |                    | 20.                             | =4               |   | X\$ 9=               |                        | OR | X\$18=     | 72                  |
| Indep  | . 1      | = 3                                       | Minus        |                    | 3                               | 0                |   | X40=                 |                        | OR | X80=       |                     |
| FIHS   |          | ITATION OF M                              | ULTIPLE DE   | PENDEN             | T CLAIM                         |                  |   | +135=                |                        | OR | +270=      |                     |
| . 9  | 120/04   |   |              |                    |                                 |                  | 1 | TOTAL                |                        | OR | TOTAL      |                     |
|  | TEW      | (Column 1)                                |              | (Coli              | ımn 2)                          | (Column 3        |   | ADDIT, FEE           |                        | 1  | ADDIT. FEE |                     |
| AMENDMENT B<br>Total   |          | CLAIMS REMAINING AFTER AMENDMENT          |              | HIG<br>NUI<br>PREV | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE       | ADD<br>TION<br>FEE  |
| Total  |          | . 24                                      | Minus        | 0                  | 24                              | -0               |   | X <del>\$ 9=</del> _ |                        | OR | X\$18=     |                     |
| Inde   | pendent  | · B                                       | Minus        |                    | 3                               | =0               |   | X40=                 |                        | OR | X80=       | -                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |          |   |              |                    |                                 |                  | _ | +135=                |                        | OR | +270=      |                     |
|  |          | ,   |              |                    |                                 |                  |   | TOTAL<br>ADDIT, FEE  |                        | OR | ADDIT. FEE | 0                   |
|  |          | (Column 1)                                |              |                    | umn 2)                          | (Column 3        | ) |                      |                        | _  |            |                     |
| AMENDMENT C  |          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NU<br>PRE\         | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT          |   | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE       | AD(<br>TION<br>FE   |
| Total  |          | •   | Minus        | ••                 |                                 | =                |   | X\$ 9=               |                        | OR | X\$18=     |                     |
| Inde   | pendent  | •   | Minus        | •••                |                                 | =                |   | X40=                 |                        | OR | X80=       | 1                   |
| ₹ FIRS   | ST PRESE | NTATION OF N                              | MULTIPLE DI  | PENDE              | NT CLAIM                        | <u> </u>         | _ |                      | -                      | 1  |            | +                   |
|  |          |   |              |                    |                                 |                  |   | +135=                | 1                      | OR | +270=      | 1                   |

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Application or Docket Number